QDI Peer Learning Call

11/16/21

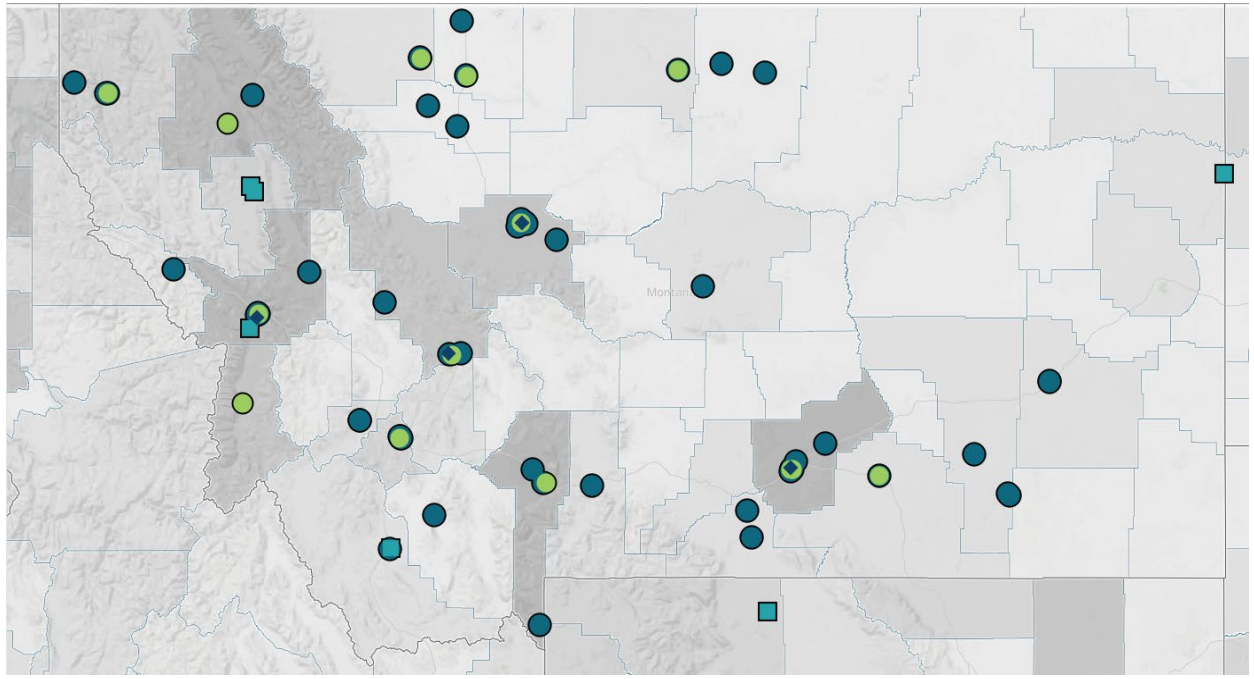
QDInitiative

A Collaborative Approach to Improving Outcomes

MPCA

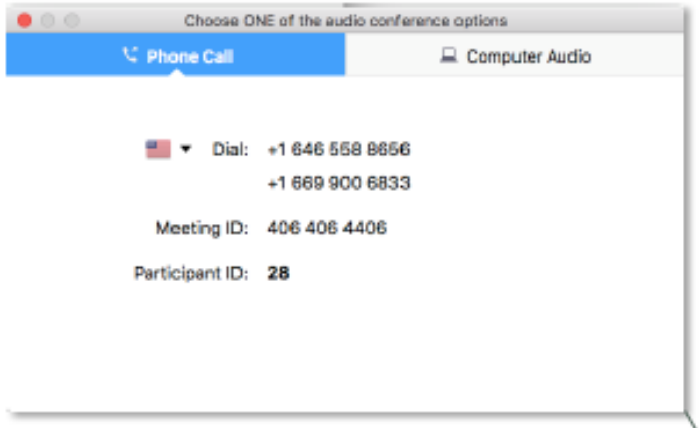
MPCA

- The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.
- The **Vision** of MPCA is health equity for all Montanans.
- MPCA values integrity, collaborations, and innovation.
- The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Health Centers. MPCA centers serve over 117,500 patients across Montana.



Zoom tips and tricks!

CHAT: Please jump in if you have something to share, but we also have this nifty chat function.

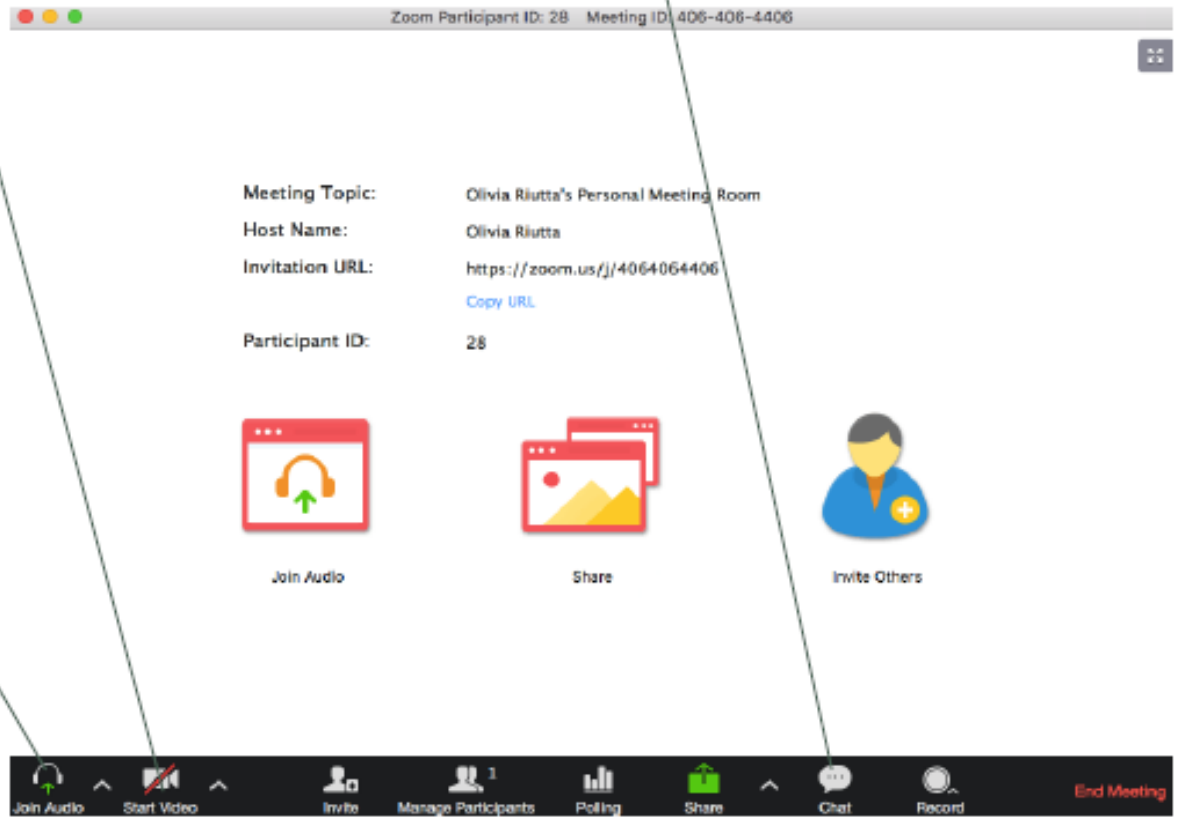


VIDEO: We want to see you!
If your camera isn't on, start your video by clicking here.

ATTENDANCE: If there are multiple attendees together on the call, please list the names and your location in the chat box

AUDIO: You can use your computer speakers or your phone for audio. The phone is generally better quality. If you click "Join Audio," this "Choose one…" box will pop up. If you dial in, just make sure you include your audio code.

MUTE/UNMUTE: *6 or click the mic on the bottom left of your screen.



Upcoming Trainings and Events

November 18th 12:00- 1:00 **Compliance Peer Group**

November 18th 2:00-3:00 **Hypertension Control and Remote Patient Monitoring Peer Learning**

November 30th 9:00-10:00 **UDS Follow-Up Session**

November 30th 10:00- 11:00 **EHR and Azara DRVS: Best Practices for Data Validation**

November 30th 1:00- 2:00 **Getting Back on Track: Missed Opportunities for HPV Vaccination in Montana**

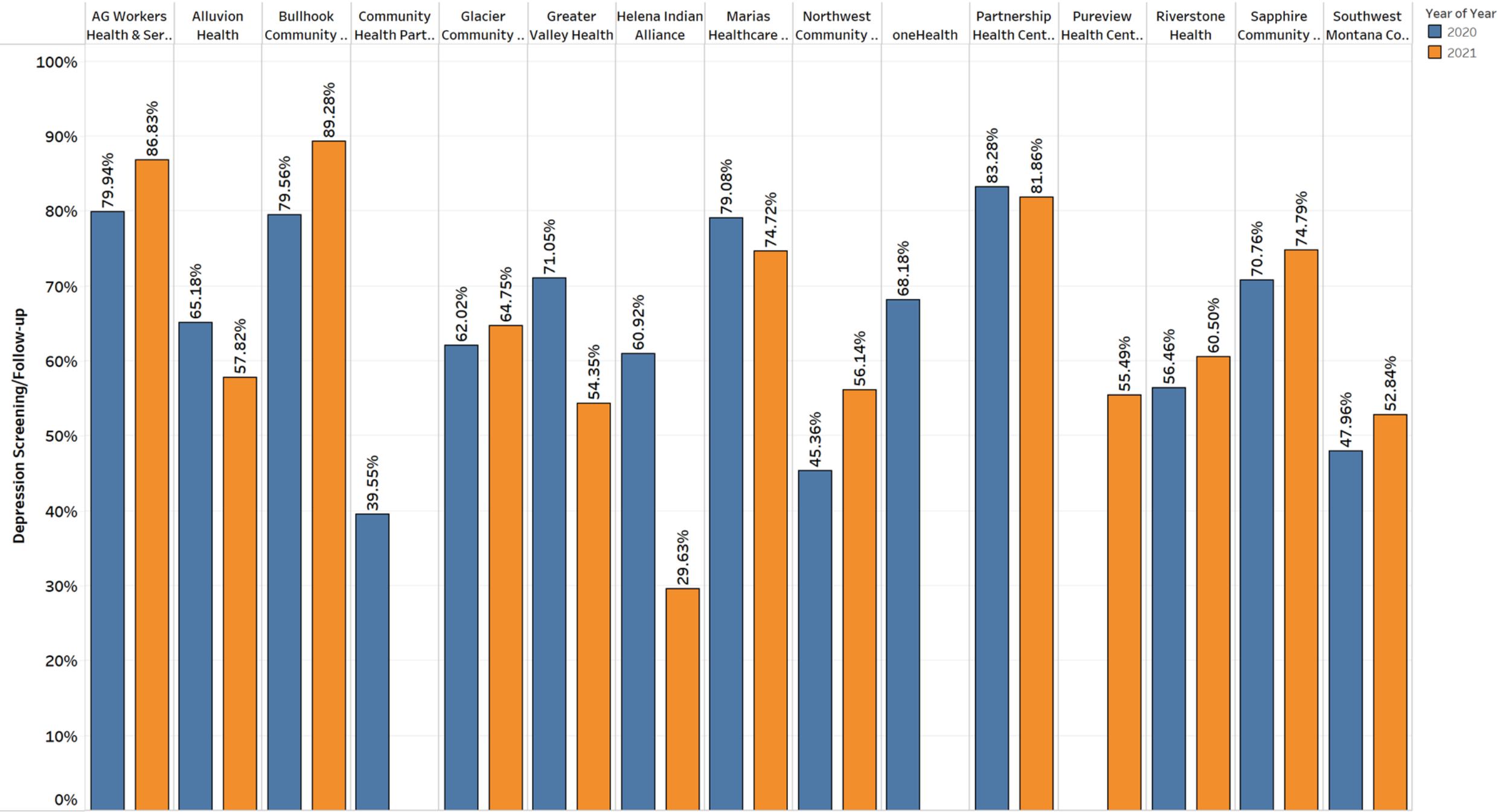
November 30th- December 1st 8:00- 12:00 **Living Your Best Life (with Diabetes): Train the Trainer**

December 15th 10:00-11:00 **QDI Peer Learning Call**

Agenda

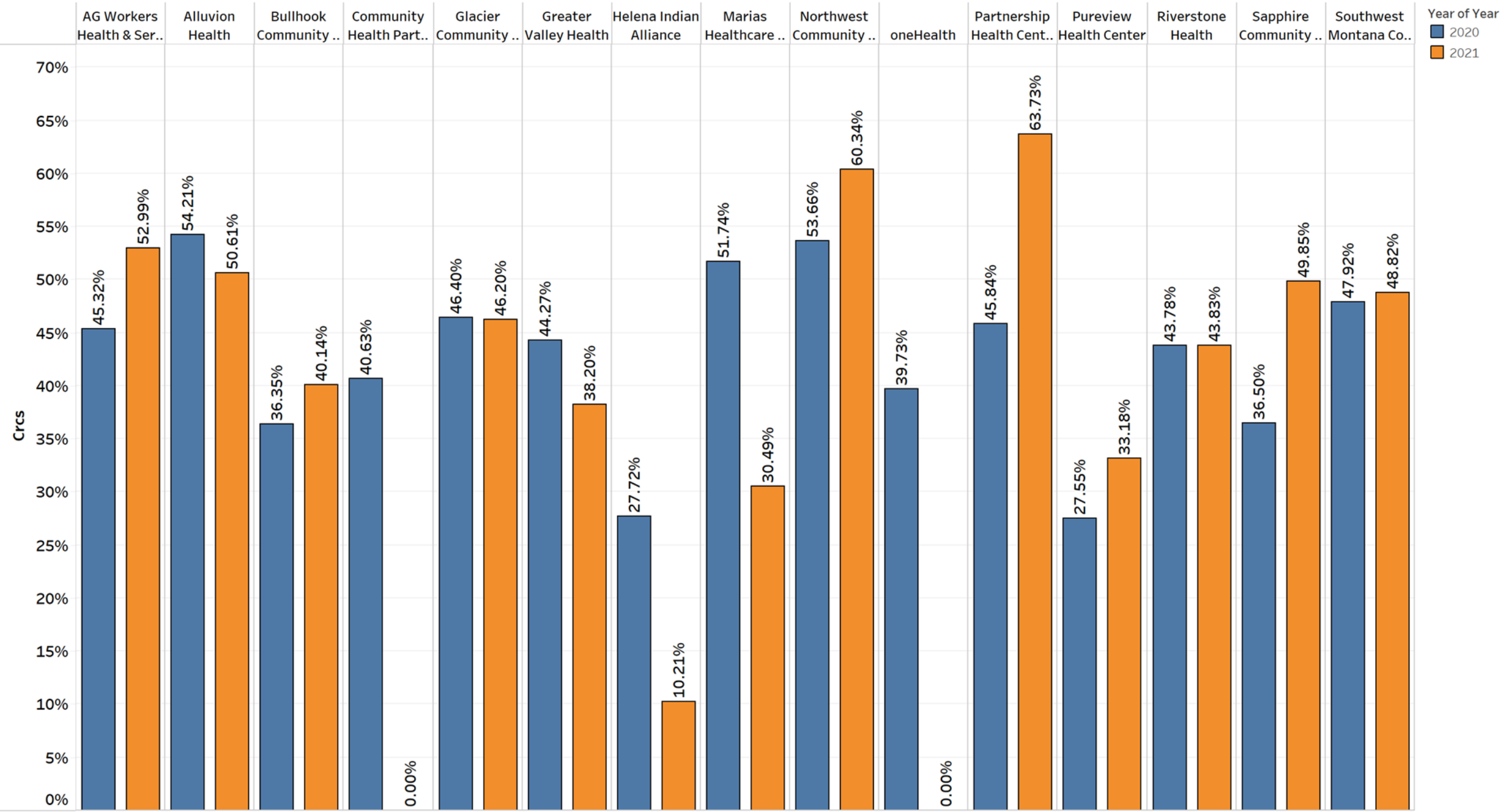
- Welcome, Housekeeping
- Data highlights
- Clinic Headlines
- SDOH Measure Update
- Lean Six Sigma and Plan-Do-Study-Act
- Breakout Groups
- Wrap Up and Homework

Depression Screening and Follow-up (October 2020 vs October 2021)



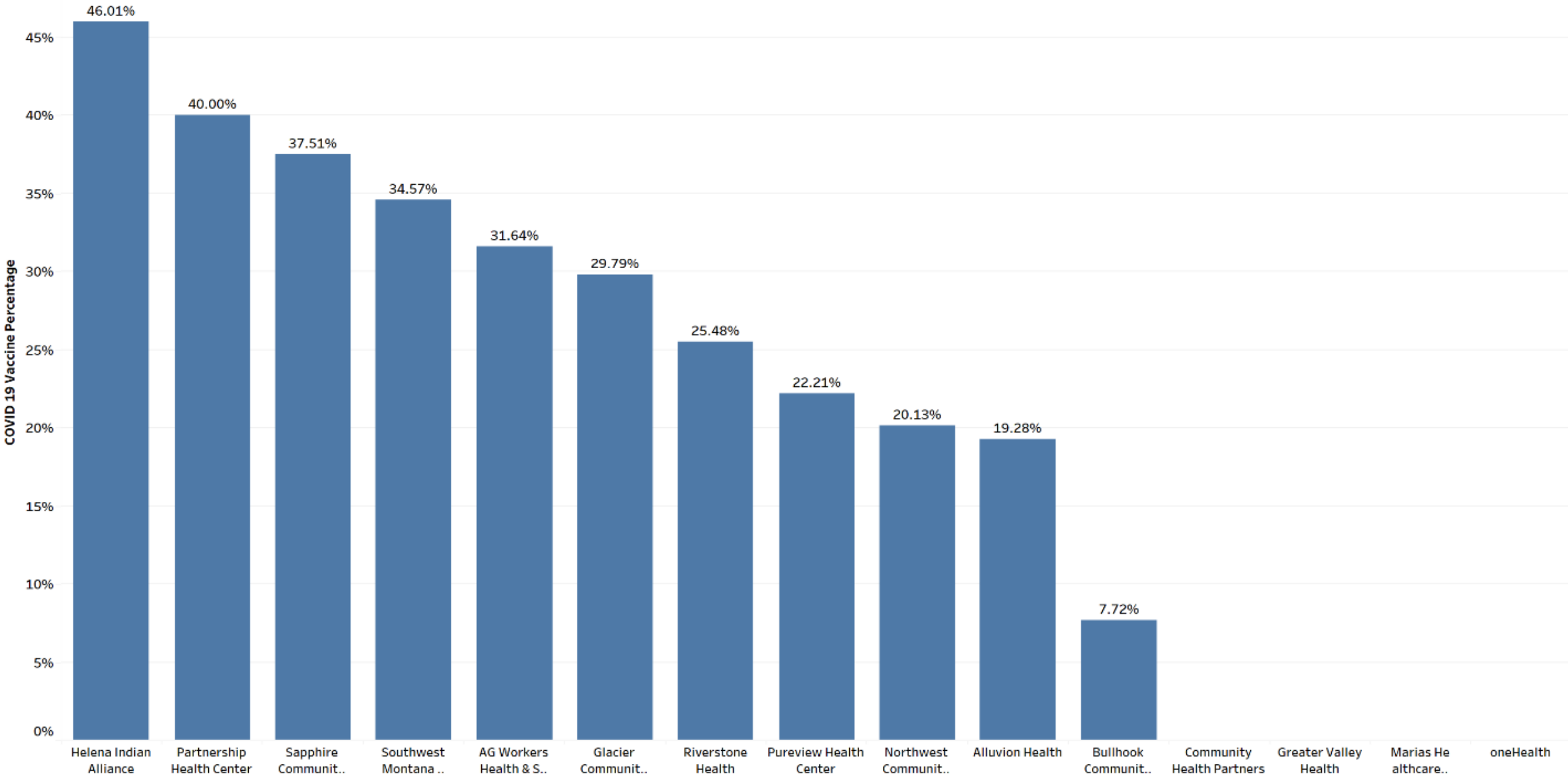
Sum of Depression Screening/Follow-up for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of Depression Screening/Follow-up. Details are shown for Month and Year

Colorectal Cancer Screening (October 2020 vs October 2021)



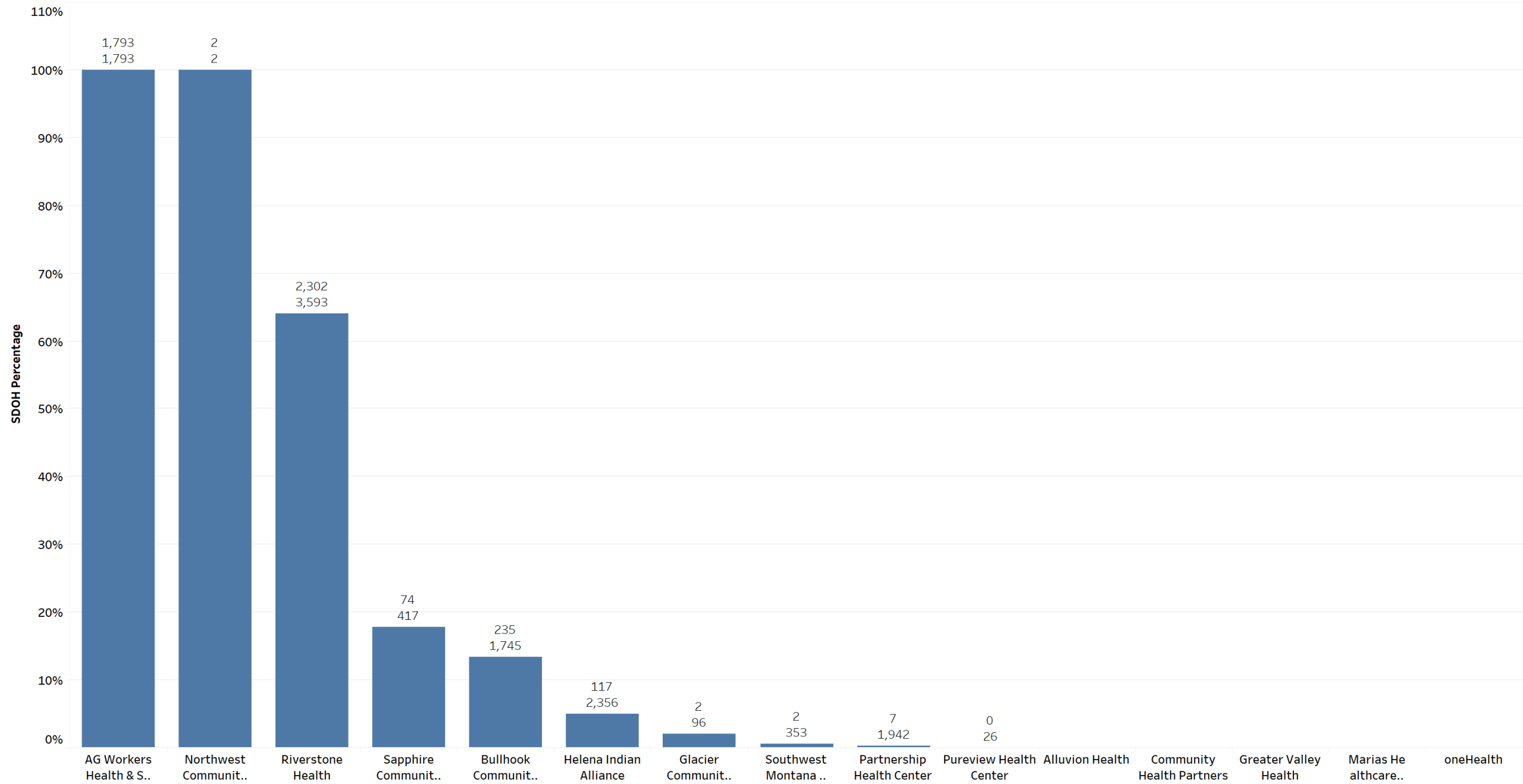
Sum of Crcs for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of Crcs. Details are shown for Month.

Percentage of Eligible Patients Vaccinated with COVID-19 (1/1/2021 to 10/31/2021)



Sum of COVID 19 Vaccine Percentage for each Health Center1. The marks are labeled by sum of COVID 19 Vaccine Percentage. The view is filtered on Health Center1, which excludes Historical QDI Dashboard: and Monthly QDI Dashboard:.

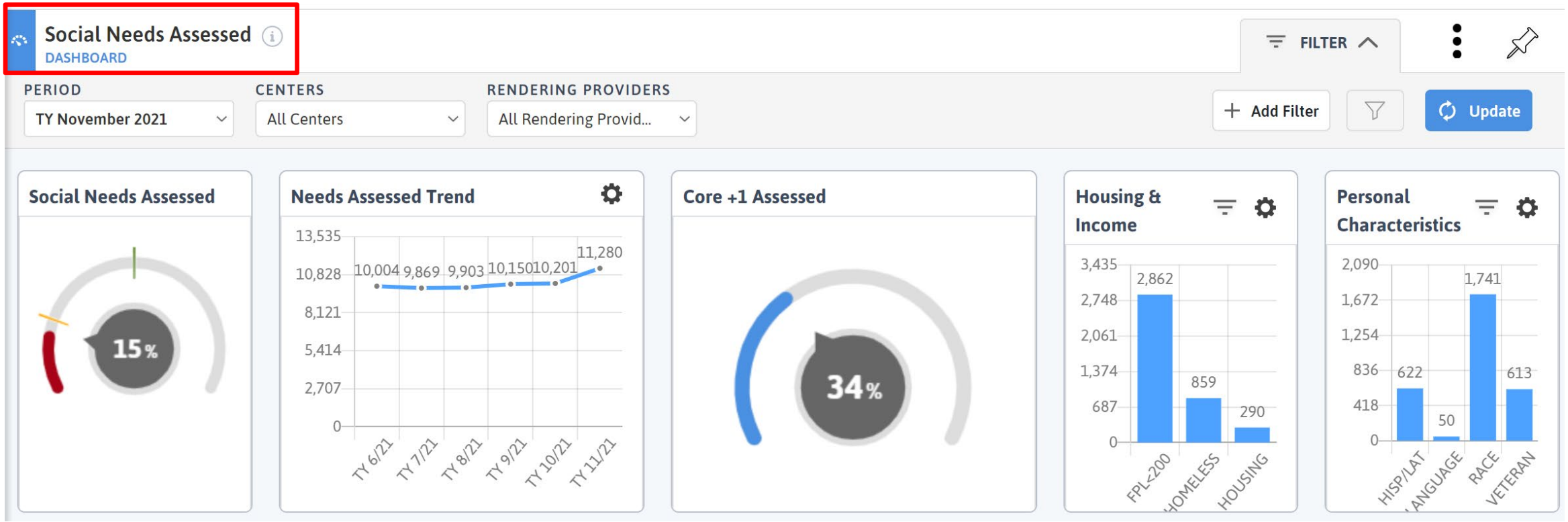
Percentage of Patients Screened for One or More SDOH (1/1/2021 to 11/2/2021)



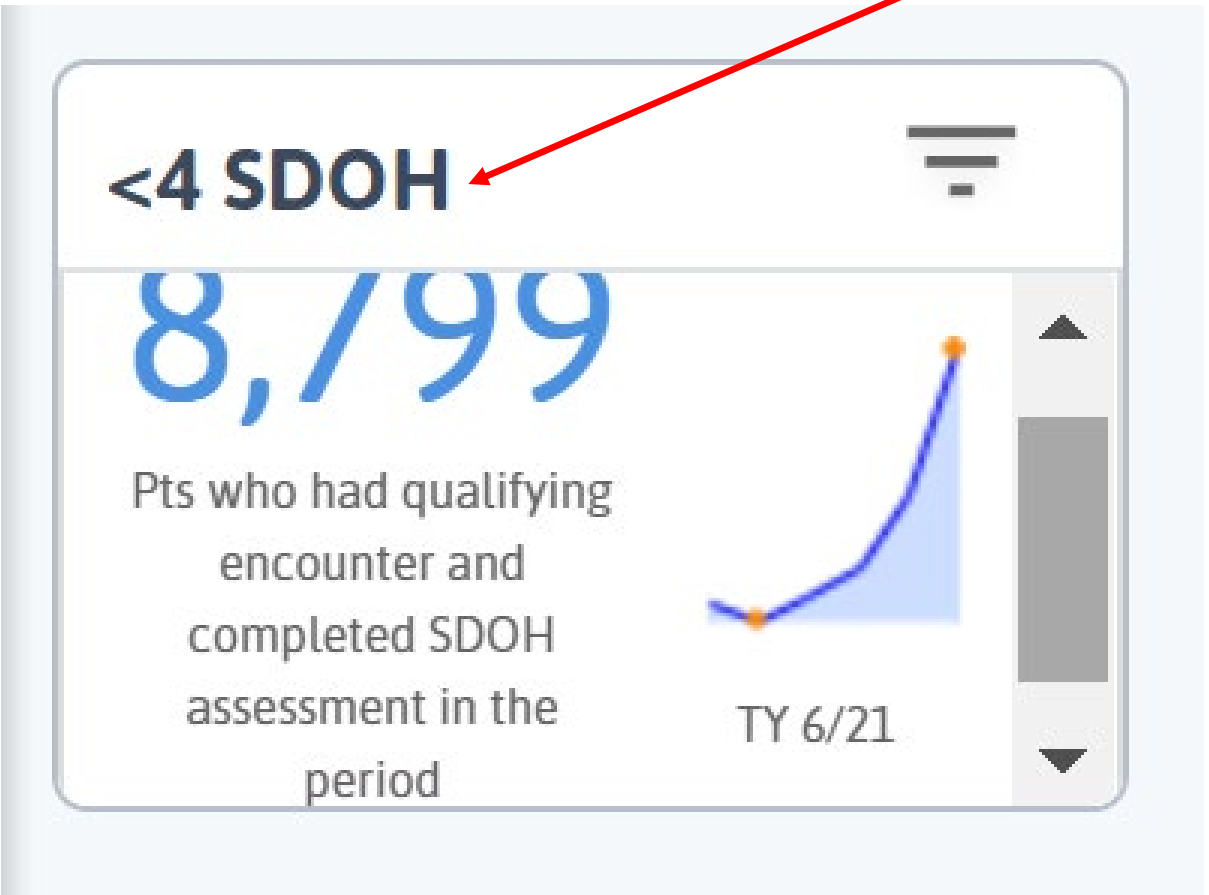
Social Needs Assessment

NOVEMBER 2021

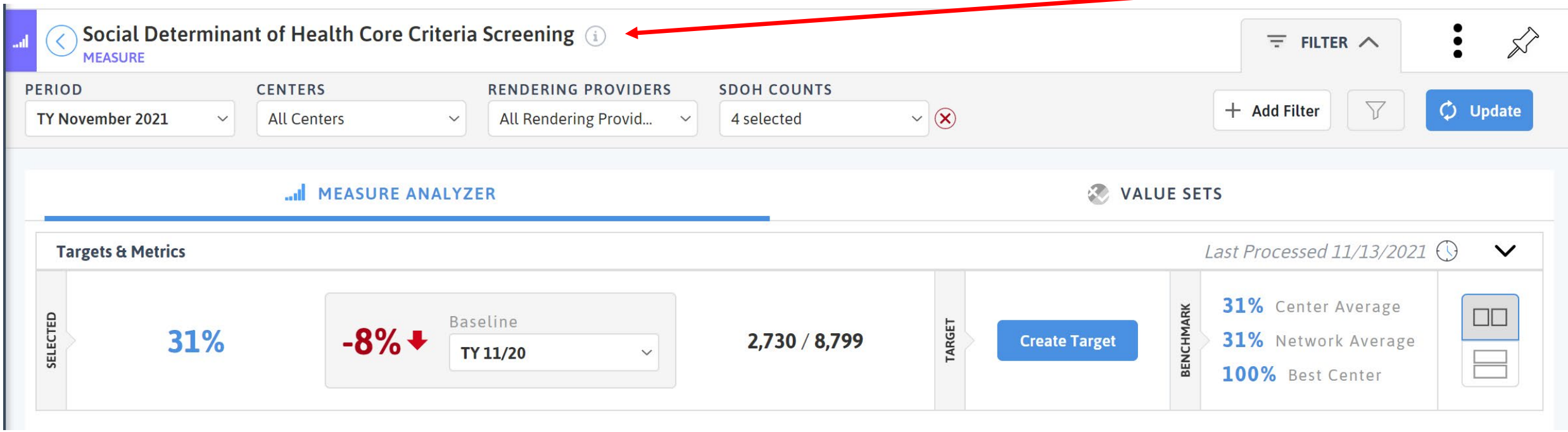
Step 1: We will utilize the Social Needs Assessed Dashboard



Step 2: Scroll down to this widget and then click on the <4 SDOH



It brings you to the measure under the widget then click on the i



Read the measure definition

Social Determinant of Health Core Criteria Screening

Endorser: Azara
Steward: ACO

Patients who had an eligible encounter in the period, and a health related social needs assessment that included each of the following criteria: - Food - Housing Status or Housing Situation - Transportation - Medical or Transportation - Non-Medical - Utilities And any one of the supplemental criteria from the following: - Employment - Education - Experience of Violence - Domestic violence - Experience of Violence - Safety - Social Supports - Social Integration

Numerator:

Patients whose health related social needs assessment included an assessment of Food, Housing, Transportation and Utility; and at least one of the supplemental criteria.

Each of the following criteria:

- Food
- Housing status or Housing situation
- Transportation - Medical or Transportation - Non-Medical
- Utility

AND any of the following supplemental criteria:

- Employment

OR

- Employment assistance

OR

- Educational or other assistance

OR

- Education

OR

- Experience of Violence - Domestic violence

OR

- Experience of Violence - Safety

OR

- Social Supports - Social Integration

Attend the Upcoming UDS Session

Health IT & UDS Series on SDOH Screening & Enabling Services

Did you know HRSA has set a goal for health centers to provide Enabling Services to 25% of the unique patients? Join us to learn more about screening for SDOH, what counts as an Enabling Service, and what SDOH data elements will be required to be available to patients via electronic health information in 2022.

December 14, 2021 01:00 PM

Register in advance for this meeting:
https://us06web.zoom.us/meeting/register/tZUpd-Coqz8tGdyU-sPs-cPiRvEwMnC_0d3Z

After registering, you will receive a confirmation email containing information about joining the meeting.

Questions?

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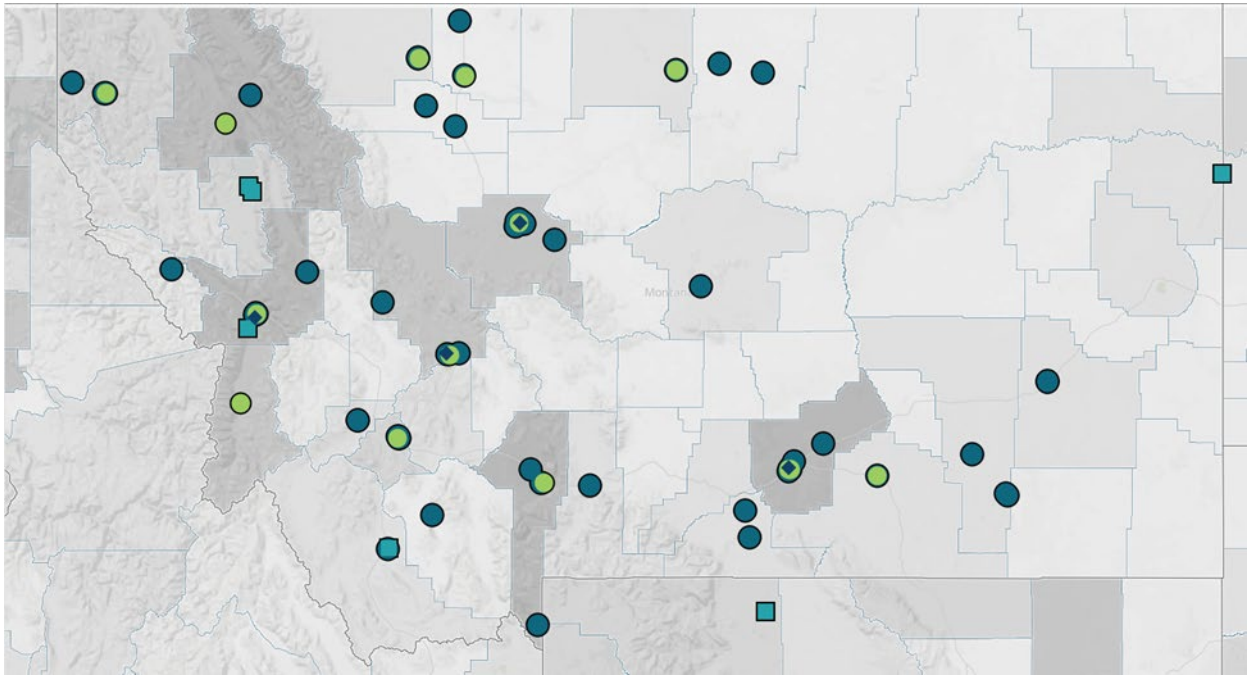
Clinic Headlines



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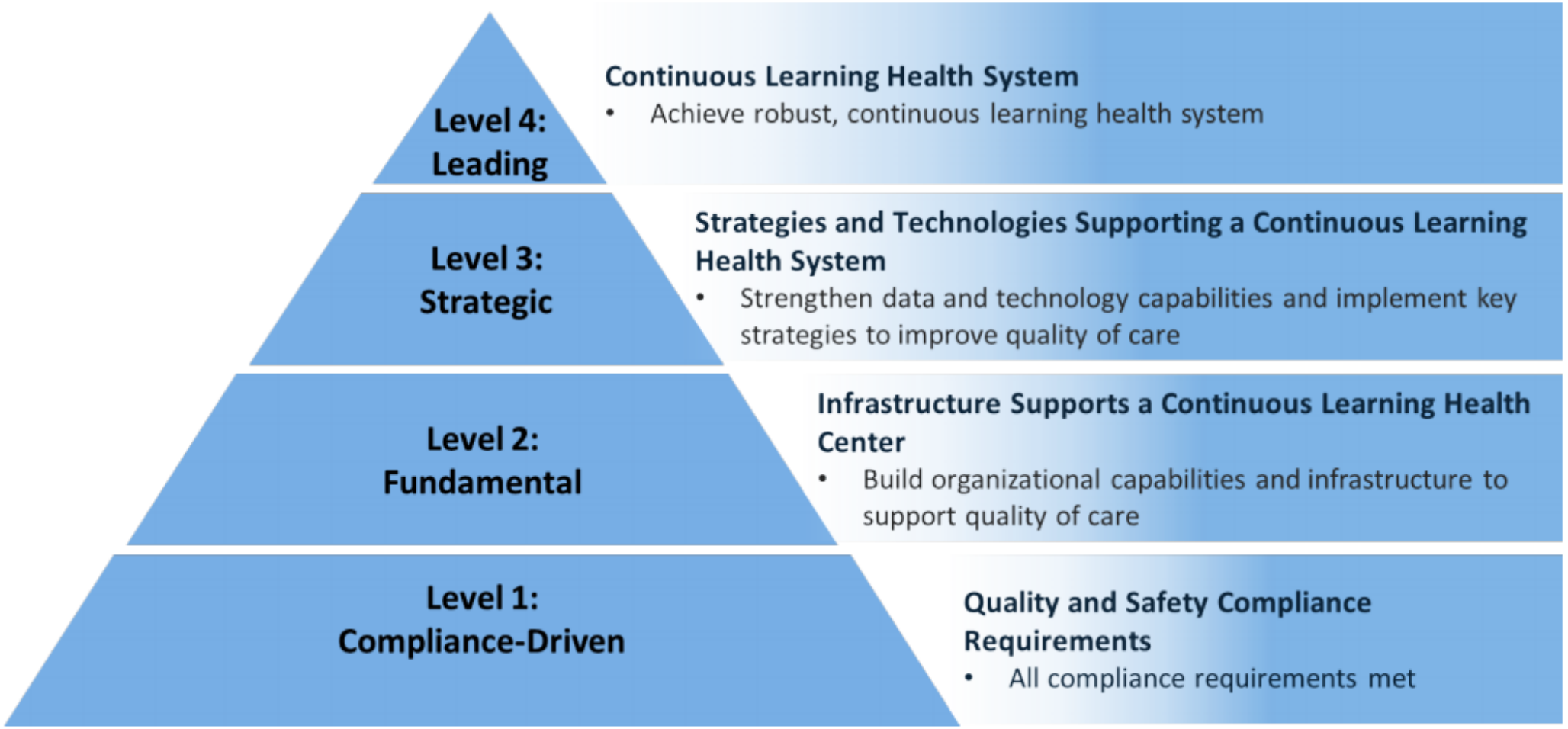
Quality Data Initiative Assumptions

- All centers have and are using a quality plan
- All centers are using a quality improvement process (Lean Six Sigma, PDSA, etc)
- All centers are NCQA PCMH recognized
- Quality is a team sport and involves the following people at each health center:
  - CEO
  - CMO
  - Operations Manager or equivalent
  - Nursing Manager or equivalent
  - Care team members

Quality, Patient Care, and Safety

Maturity Model



HRSA Health Center Program

Plan Do Study Act (PDSA)

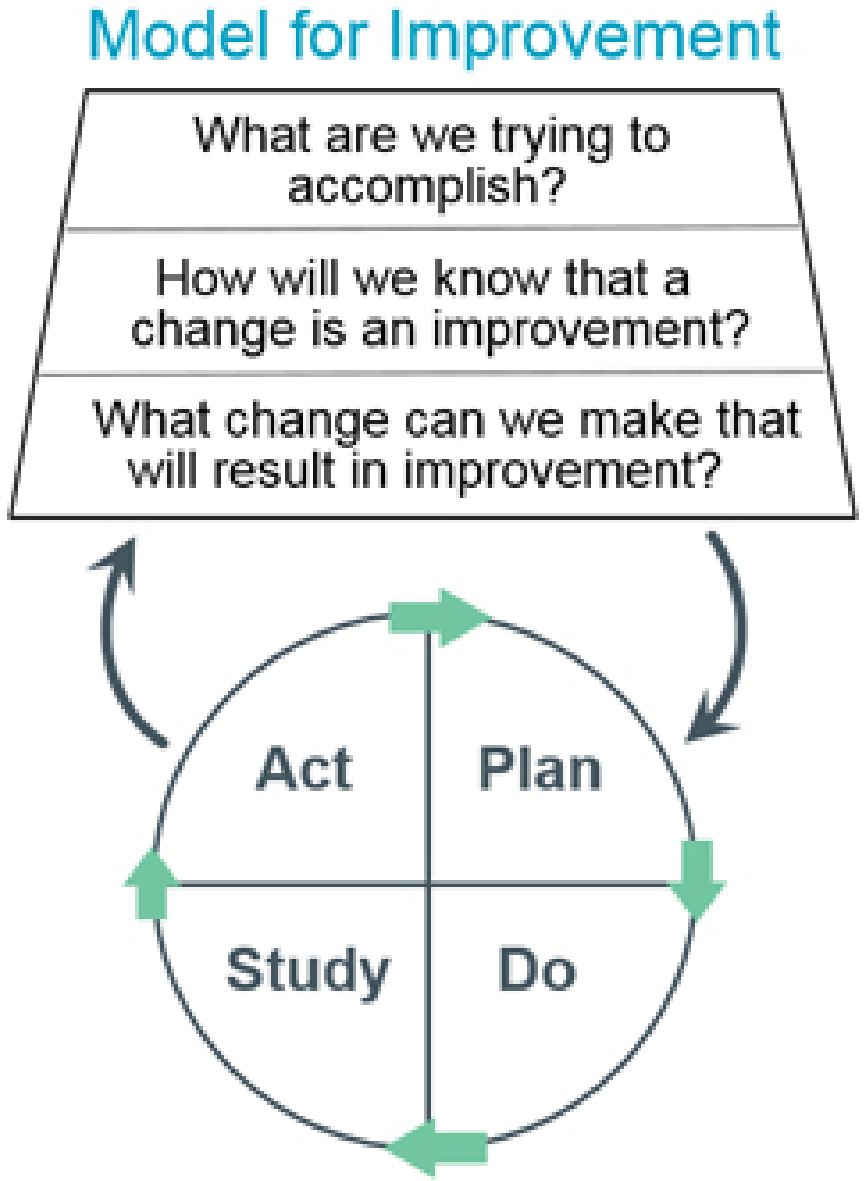


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Figure from Institute for Healthcare Improvement- Developed by Associates in Process Improvement

MPCA

Lean

- “Just in Time”
- “7S Event”
- DMAIC
- “Batch and Queue”
- “Kaizen”
- “Lead time”

Institute for Healthcare Improvement

Lean vs. PDSA

https://www.youtube.com/watch?v=LENZbA1owVo

Breakout Groups Discussion

- What quality improvement framework do you use?
- How do you use your QI framework?
- What has worked well? What hasn't?